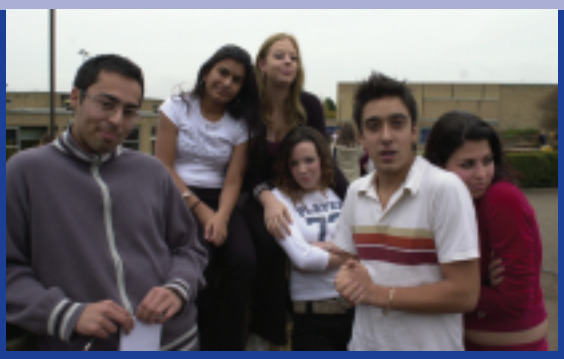
Enabling young people to access contraceptive and sexual health information and advice:

Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners



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Teenage Pregnancy Unit

Content

The legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners on enabling young people to access contraceptive and sexual health information and advice

THE CONTEXT

This document sets out the legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners on providing information and referring young people to contraceptive and sexual health services. For the purpose of this document, the term 'young person' refers to looked after children, children in need, vulnerable children, care leavers or any young person that social services may come into contact with. The term 'social care practitioner' refers to all social workers, residential social workers, foster carers and social work assistants.

The Teenage Pregnancy Unit (TPU) and Quality Protects published the first edition of this guidance in 2001 (*Guidance for Field Social Workers, Residential Social Workers and Foster Carers on providing Information and Referring Young People to Contraceptive and Sexual Health*[1]). The TPU guidance was issued as an action point of the Government's Teenage Pregnancy Strategy[2] to address the high incidence of teenage pregnancy amongst looked after young people and other vulnerable groups in contact with social care practitioners. However, many social care practitioners remain uncertain about what their role allows them to do within the legal and policy framework. In addition, concerns have arisen about the implications of the Sexual Offences Act 2003[3].

This revised guidance has been written to reflect changes in legislation and to address those concerns. Similar guidance will also be made available for Youth Support Workers. Guidance to health professionals[4] on the provision of contraceptive advice and services to under 16s has also been updated. These can be obtained from the TPU or downloaded from the TPU and Department of Health (DH) websites – **www.teenagepregnancyunit.gov.uk** – **www.doh.gov.uk**

The vital role of all social care practitioners in supporting young people to access contraception and sexual health information and advice should be actively encouraged. This should be done within a broader sex and relationships programme which helps young people develop assertiveness and negotiating skills to help them make positive choices about their personal relationships and resist pressure to have early or unwanted sex.

The duty of a social care practitioner, irrespective of their personal view, is to promote and safeguard the health and welfare of **all** young people regardless of sexual orientation or preference. With this in mind, the support provided should be appropriate to the young person and their individual needs. This includes supporting young people's early uptake of contraception and access to confidential sexual health advice if and when they become, or are thinking about becoming, sexually active. Providing a timely link into services can make the difference between a young person making safe, informed choices or facing an unplanned pregnancy or a sexually transmitted infection.

The TPU guidance aims to clarify for social care practitioners:

- that young people in their care have the same right to confidential contraceptive and sexual health information and advice as other teenagers;
- that young people who are, or are thinking about becoming sexually should be encouraged to seek sexual health and contraceptive advice, have any of their concerns about confidentiality addressed and should be directed to local services;
- the role they can play in providing information and advice about contraception and referring young people to appropriate services and;
- the role of health professionals in providing these services to young people.

Ownership of Framework Document

This framework document is issued by the TPU and the Looked after Children Policy Branch within the Department for Education and Skills (DfES), and DH. It has been developed and agreed by the Social Care Practitioner's Guidance Working Group, which represents a number of key stakeholders (List provided in Annex B). The document will be reviewed annually by the Working Group and revised as necessary.

Status of Framework Document

The Government guidance *Working Together to Safeguard Children*[5] states that police should always be informed where a criminal offence is known or suspected to have been committed against a child. Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. It is therefore expected that local policies and protocols will reflect the need for social care practitioners to use their discretion in weighing up the circumstances of each individual case to determine whether a formal notification to the police is necessary. Policies which require automatic formal notification to the police may stop young people confiding in social care practitioners, including those young people most at risk of abuse.

It is important to recognise that the police may hold information about individuals who pose a danger to young people, which is not necessarily known to other agencies. Policies and protocols should therefore include arrangements for informal, anonymous discussion with the police about cases of concern, to inform a decision about making a formal referral.

Further guidance will be issued by April 2006 under the Children Bill, on Local Safeguarding Children Boards. This guidance will also incorporate revisions to *Working Together to Safeguard Children*.

Format of Framework Document

This guidance is set out in three sections:

1. The legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners on enabling young people to get contraceptive and sexual health information and advice;
2. The role of health professionals in providing contraceptive and sexual health information advice and treatment; and
3. A checklist of actions for social workers, residential social workers, foster carers and other social care practitioners to support implementation of the guidance in the context of their local teenage pregnancy strategy (see next section).

What is the Teenage Pregnancy Strategy?

Aim of Strategy

In 1999, the Government launched a 10-year, cross-government Teenage Pregnancy Strategy[2] from the Social Exclusion Unit. Two goals have been set:

- To halve the rate of conceptions among under 18s in England by 2010 with an interim target of 15% by 2004 and to set a firmly established downward trend in conceptions among under 16s; and
- To reduce the risk of long term social exclusion for teenage parents and their children by increasing to 60% the participation of teenage parents in education, training and employment.

Four key strands of the Strategy

All efforts at a national, regional and local level are planned and implemented through the following four strands:

- Joined up action;
- National media campaign for young people and parents;
- Prevention (improved sex and relationships education (SRE) and access to sexual health and contraception services);
- Support for young parents.

Regional and local implementation of Strategy

Every top tier local authority area has a 10-year teenage pregnancy strategy in place, developed jointly with education, health, social services and other relevant partners, which has been agreed by the Teenage Pregnancy Unit. A Teenage Pregnancy Local Implementation Grant is paid to every top-tier local authority. The grant supports the implementation of local teenage pregnancy strategies, through the pump-priming of promising practice and new approaches, and ensures that robust arrangements are in place for the co-ordination and delivery of agreed local action plans.

Each strategy is led by a Local Teenage Pregnancy Co-ordinator and Teenage Pregnancy Partnership Board. The Board includes representatives from social services, Connexions and other key local authority and health partners.

The local Teenage Pregnancy Co-ordinators are supported by a network of Regional Teenage Pregnancy Co-ordinators based in the Government Offices. Local areas submit annual reports and action plans at the end of March each year and review meetings are conducted by Regional Teenage Pregnancy Co-ordinators in the autumn of every year. The reports and action plans are assessed by regional assessment panels and written

feedback is given by the Regional Teenage Pregnancy Co-ordinator and the TPU. Regional assessment panels are composed of a number of regional agencies which reflect the cross-cutting nature of the Teenage Pregnancy Strategy[2]. This includes those with responsibility for performance management such as Performance Managers in Strategic Health Authorities, the Commission for Social Care Inspection, and regional housing colleagues. Representatives from key programmes such as the Healthy Care Programme, Connexions, and Sure Start are also on the panel. The assessments of the annual reviews are added to the *Performance Assessment Data and Information* (PADI) database, a tool through which social care colleagues performance assess social services, so that the information can be accessed by Social Services Inspectors.

Why is the Strategy Necessary?

The UK has the highest teenage birth rate in Western Europe – three times as high as France and six times the rate in the Netherlands[2]. While other countries have achieved significant reductions in teenage pregnancy rates during the 1980s and 1990s, the UK rates have remained static. Although many young parents manage extremely well, teenage births carry increased health risks for the young women and their babies. Teenage parents are also more likely than older parents to live in poverty and to be unemployed. Of all teenagers who conceive, 50% of under 16s and more than a third of 16-17 year olds have abortions[2]. In addition to high conception rates in the UK, at least 10% of sexually active teenagers are estimated to have a sexually transmitted infection and chlamydia rates are increasing fastest among 16-19 year old women. The Government's Sexual Health and HIV Strategy[6] for England, published in July 2001, seeks to reduce these rates.

For more information Visit the TPU website at: **www.teenagepregnancyunit.gov.uk**

How does the strategy aim to achieve its goals?

Around three-quarters of teenage births and the vast majority of teenage pregnancies that end in abortion are unplanned. Over two-thirds of young people visit sexual health/contraceptive services after first sex. Although the percentage of young people using condoms at first sex is increasing, many continue to use contraception erratically. Under 16s are the group least likely to protect themselves. The Teenage Pregnancy Strategy[2] aims to help young people:

- resist peer pressure to have early sex; and
- use contraception if and when they decide to become sexually active.

This is being done through a combination of:

- a national media campaign for young people in teenage magazines and local radio;
- improved SRE in schools;
- the provision of effective contraception and sexual health services which are trusted by young people; and
- support for parents in talking to their children about sex and relationships.

WHY DO SOCIAL CARE PRACTITIONERS NEED TO HELP YOUNG PEOPLE SEEK EARLY CONTRACEPTIVE AND SEXUAL HEALTH ADVICE?

All young people are highly diverse and it is important to recognise that they each have their own individual needs, abilities, beliefs, hopes and expectations. This applies equally to young people who come into contact with social services, especially care leavers. However, the needs and concerns of this group are compounded by the complex circumstances resulting from their pre-care experiences, their experiences of being in care, and the combination of disadvantages which affect access to opportunity. As a result, these young people may experience significant health inequalities and very poor health, education and social outcomes which may seriously affect their ability to reach their full potential.

Research in the United Kingdom and in other countries shows that young people with a history of disadvantage are at a significantly greater risk of becoming parents in their teens. Young people in contact with social services are likely to be disproportionately affected by the following risk factors. It is therefore of particular importance that social care practitioners are mindful of teenage pregnancy issues when working with young people with the following risk factors.

- ### Living in Poverty

The risk of becoming a teenage mother is almost ten times higher for a girl whose family is in social class V (unskilled manual), than those in social class I (professional)[7]. Teenage girls who live in local authority or social housing are three times more likely than their peers living in owner occupied housing to become a teenage mother[7].

- ### Having been in Care

A study of looked after young people found that a quarter of young women had a child by the age of 16[8] and nearly half were mothers within 18-24 months after leaving care[9].

- **Educational Problems**

  A recent Office of National Statistics (ONS) study found that only 44% of looked after young people left care with at least one GCSE or GNVQ, compared to 96% of Year 11 pupils[10]. Low educational attainment among boys and girls, truancy and school exclusion are strongly associated with teenage pregnancy. One piece of research of 50 girls excluded from school showed that 14% had become pregnant during their period of exclusion[2].

- **Not being involved in Education, Training or Work post – 16**

  There is evidence of a strong link between teenage parenthood and not being in education, training or work, for 16 and 17 year old women. In one study almost half of non-participants were mothers, compared with 4 percent who were in education, training or work. Further analysis suggested that about a third had become pregnant while not in education, training or work[11].

- **Experience of Abuse**

  Several studies have shown an association between childhood sexual abuse and teenage pregnancy[2]. Current looked after children statistics[12] show that of 59,700 children in care 62% are estimated to have been abused or neglected

- **Experiencing Mental Health Problems**

  A recent study[13] indicates that 45% of looked after children and young people aged 5-17 were assessed as having a mental health issue:

  - 37% a conduct issue;
  - 12% emotional issues including anxiety and depression.

- **In trouble with the Police**

  One study showed that teenage boys and girls who have been in trouble with the police had twice the risk of becoming a teenage parent[2]. An estimated 25% of young men under 21 in Young Offenders Institutions are fathers or expectant fathers. These young men often have low self-esteem and lack the necessary skills and confidence to develop and manage rewarding and safe personal relationships. They may have experienced inadequate parenting and adult role models and have missed out on SRE in mainstream schooling.

- **Other areas for Consideration**

Social care practitioners should also be mindful of the sexual health needs of unaccompanied asylum seeking children (UASC) and the difficulties they experience in accessing information and advice. There are an estimated 8,000 unaccompanied asylum seeking children in the UK; the majority are 16 and 17 year olds. As children in need, UASC are supported under Section 17 or 20 of the Children Act 1989. It is accepted that this group are vulnerable to stress and emotional problems related to their particular experiences. Experiences of acute stress and distress to this group of children and young people include:

- violence, including torture and sexual violence;
- loss and bereavement;
- sudden change;
- injustice;
- absence of supportive relationships;
- extreme poverty and deprivation;
- persecution;
- displacement; and
- uncertainty about their future.

These experiences might have occurred in the country they have fled from, during their journey to the UK or on arrival in the UK. The existing needs of this group are considerable and their experiences on arrival in the UK may further compound and isolate the young person. The young person may speak little or no English which may act as a barrier to accessing sexual health information and advice.

The Role and Duty of Social Care Practitioners in supporting Young People to Access Contraception and Sexual Health Information and Advice

The vital role of all social care practitioners in supporting young people to access contraception and sexual health information and advice should be actively encouraged within a broader sex and relationship programme which helps young people develop assertiveness and negotiating skills to help them make positive choices about their personal relationships and resist pressure to have early or unwanted sex.

All social care practitioners should be supported in this work by protocols, developed within agreed relationship and sex policies and implemented through training and on-going supervision and support.

Local protocols and policies should reflect the principles of this guidance which apply to all young people, regardless of sexual orientation or preference.

Legislative and Policy Framework

The underpinning principles of the following legislation and policy are reflected in this guidance. Social services should be mindful of these when developing local policies and protocols. Details of the following are outlined in **Annex A**.

- *Every Child Matters, Next Steps*[14] and the *Children Bill*
- Healthy Care Programme
- *Promoting the Health of Looked After Children Guidance*'[15]
- *The Children Act* 1989[16]
- *Local Government Act* 1988[17]
- The European Convention on Human Rights
- United Nations Convention on the Rights of the Child

SECTION ONE

The role of all social care practitioners on providing information and referring young people to contraceptive and sexual health services

Providing information about local contraception and sexual health services

Q.1 How can social care practitioners find out which local services to refer young people to?

Each local teenage pregnancy strategy has developed a referral checklist of services for practitioners and service information leaflets for young people. Managers of social care practitioners should contact the local teenage pregnancy coordinator for copies of publicity materials and disseminate supplies to all those working with young people. Details of local young people's services are also available on **www.ruthinking.co.uk**

Q.2 If asked by a young person, can social care practitioners give details of local contraception and sexual health services?

Yes. Social care practitioners can and should give young people information about local services, including details of opening times, and make sure they are confident in accessing any advice they need.

Q.3 If social care practitioners think a young person is already sexually active or likely to become so, can they proactively give them details of local services without being asked?

Yes. If the social care practitioner thinks a young person is already, or likely to be at risk of pregnancy or STIs, they should provide the young person with details of local services, find out whether they have any worries about seeking advice and offer any further support to minimise risk taking.

Q.4 Can social care practitioners display posters or leaflets about local services?

Yes. When working with young people, it is good practice to display the local teenage pregnancy strategy's publicity about contraception and sexual health services. This should be alongside health promotion and service information on other relevant issues such as alcohol, drugs, mental health and personal safety, which can be obtained from the Primary Care Trust (PCT) health promotion departments or the local Connexions Service. There may also be local websites with service information.

Q.5 Can social care practitioners give young people information about contraceptive methods and sexually transmitted infections?

Yes. As part of the sex and relationships programme, social care practitioners can and should provide young people, including under-16s, with accurate information about contraceptive methods and STIs. They should always ensure that the information is clear and up to date by checking with the local contraception and sexual health services, PCT health promotion department or a specialist national organisation such as fpa (previously known as the Family Planning Association) or Brook.

Social care practitioners are not health professionals so they should not give advice on which method of contraception to use or on the diagnosis or treatment of specific STIs. Young people needing to make a contraceptive choice or needing STI advice should be supported to visit the local contraception or sexual health service.

Q.6 Can social care practitioners assist young people in accessing emergency contraception?

Yes. If they are aware that a young person has had unprotected sex and does not want to become pregnant, they should make sure she is fully aware of emergency contraception and helped to access a local contraceptive service as quickly as possible. This is part of social care practitioners' duty to promote and safeguard the health and welfare of young people, irrespective of their personal views on emergency contraception. Emergency contraception pills can be taken up to 72 hours after unprotected sex but are most effective in the first 24 hours. An emergency Intra-Uterine device (IUD) can also be fitted up to five days after unprotected sex.

Taking young people to local contraception and sexual health services

Q.7 Can social care practitioners take a group of young people to visit a local clinic to find out about local services?

Yes. As part of a wider sex and relationships programme, familiarising young people with contraception and sexual health services can be a very effective way of allaying anxieties and improving early uptake of advice. In residential care a doctor, nurse or counsellor from a local clinic could also be invited in to explain what the service offers and to answer young people's questions. This could be done alongside visits from other community services and organisations. Children in foster care could also be invited to attend these sessions. Parental permission would not be required, but it would be good practice to consult with and inform parents about the sex and relationships programme.

Q.8 Can social care practitioners accompany a young person to a local service?

Yes. Apprehension about visiting services deters many young people from getting early contraceptive or sexual health advice. If a social care practitioner believes a young person is worried about visiting a service and is at risk of pregnancy or STI, they may accompany them to a clinic. Their relationship with the young person may also help in reinforcing the advice from the health professional after the consultation.

Whilst accompanying the young person, the social care practitioner needs to ensure that the young person can see the health professional on their own so that confidentiality is maintained, unless the young person specifically requests that they are accompanied during the consultation.

Bringing contraception and sexual health advice to young people

Q.9 Can social care practitioners give condoms to young people under 16?

Yes. Single condoms may be given to under 16s as part of an information session. However, when providing condoms for contraceptive purposes and the prevention of sexually transmitted infections, it is good practice for social care practitioners to follow the Fraser guidelines. The criteria for the guidelines were outlined by Lords Fraser and Scarman in 1985, in the House of Lords' ruling in the case of Victoria Gillick v West Norfolk and Wisbech Health authority and the Department of Health and Social Security. These guidelines refer to doctors but also apply equally to other health professionals

and social care practitioners. In using these guidelines, professionals should establish that the following criteria are met:

- the young person understands the health professionals' advice;
- the health professional cannot persuade the young person to inform his or her parents or allow them to inform the parents that he or she is seeking contraceptive advice;
- the young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- unless he or she receives contraceptive advice or treatment, the young person's physical and/or mental health or both are likely to suffer; and
- the young person's best interests require the doctor to give contraceptive advice and/or treatment without parental consent.

The supply of condoms by social care practitioners should be supported by:

- a sex and relationships policy which includes developing young people's skills and confidence to resist pressure to have early or unwanted sex;
- clear protocols on condom distribution agreed with service managers, understood by young people and included in the sex and relationships policy. Protocols should include providing verbal and written advice about using condoms correctly, details of local services for further advice or supplies, and information about emergency contraception in the event of the condom splitting or not being used;
- training and on-going access to support, management and supervision; and
- liaison with local contraception and sexual health services to ensure that condoms supplied are in date and carry the British Standard Kite Mark and EC standard.

Q.10 Can health professionals provide a contraception and sexual health service within a residential setting?

Yes. Bringing a health professional into the residential setting can provide young people who are reluctant to visit mainstream services with much easier access to confidential advice and contraceptive supplies.

To protect young people's confidentiality, it is best to provide contraception and sexual health advice as part of a general health drop in session so the reason for the consultation is not apparent to either peers or staff. This arrangement also offers young people support on other important issues such as anxiety, depression, eating disorders and substance misuse.

Specialist looked after children nurses are now employed by many PCTs. Looked after children nurses and local teenage pregnancy coordinators are key contacts for initial discussion about bringing services into residential settings. Young people should also be closely involved to ensure services meet their needs.

Taking services out to young people is one of the recommendations of the Teenage Pregnancy Strategy's *Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People*[18]. This guidance is available on the TPU website **www.teenagepregnancyunit.gov.uk**

Pregnancy testing, advice and referral

Q.11 Can social care practitioners do a pregnancy test for a young person?

Yes. Fear and denial often deter teenagers from getting an early pregnancy test. As a result they are more likely to miss antenatal care and to have late abortions. If a young person suspects they are pregnant, it is preferable for them to have a pregnancy test at a local service. However, if they refuse, the social care practitioner could support them in doing a home pregnancy test.

Although home tests are reliable, it would be advisable to have the result confirmed at a local service. If the test result is negative, a visit to the clinic also provides the opportunity for the young person to discuss future contraception and find a method they are happy with.

It is important that young people are referred to pregnancy testing services which provide non-judgmental information. Some organisations provide free pregnancy testing but are opposed to abortion. The local teenage pregnancy strategy service checklist should make clear the nature of the service provided by each organisation.

Q.12 What should social care practitioners do if the test is positive?

The first priority is to make sure the young person has speedy access to a service providing unbiased information on their options of keeping the baby, abortion or adoption. For some, referral for more in depth pregnancy counselling will also be necessary. However, it is important that all young women have the time and opportunity to discuss their feelings about the pregnancy and be sure they are making the decision they feel is right for them. Decisions made under pressure to continue the pregnancy or have an abortion can lead to later regret.

When providing support, the social care practitioner should discuss the benefits of informing her birth parents/carer, father of the child, social worker or another trusted

adult and encourage their involvement. If required, the social care practitioner should offer the young person specific support in telling her parent(s) or carer.

Support should also be offered to a young man in care who has a partner who is pregnant.

Q.13 What role do social care practitioners play in supporting onward referral?

Whatever choice the young person makes, the social care practitioner should support them to access a health professional for onward referral to antenatal care or NHS funded abortion.

Keeping the baby

If the young woman chooses to keep the baby, she should be helped to tell her social worker and/or birth parents/carer to discuss future arrangements. All local teenage pregnancy strategies have a range of support services for young parents aimed at improving the outcomes for them and their babies. If the young woman lives in one of the twenty Sure Start Plus pilot areas, she should be referred to a Sure Start Plus Personal Adviser who will help to broker the advice and support she needs. In other areas, support may be provided from specialist midwives, health visitors or Connexions Personal Advisers. Details of all available services are available from the Teenage Pregnancy Coordinator.

Comprehensive information about young parent's entitlement to benefits and support is outlined in the Maternity Alliance Resource Pack[19], '*Pregnant teenagers and young parents*'. Social care practitioners should also ensure that young mothers have access to information and advice about future contraception. It is estimated that between a quarter and a third of births conceived to young women aged 17 and 18 are second pregnancies, many of which are likely to be unplanned.

Having an abortion

If abortion is the chosen option, the social care practitioner should ensure the young person has support, both in accessing speedy referral, on the day of the referral itself and after the procedure. The social care practitioner should also discuss the benefits of informing her birth parents/carer. If the young person does not wish to inform her birth parents/carer, every effort should be made to help them find another adult to provide support, for example another family member or specialist youth worker. To help prevent a future unplanned pregnancy, they should ensure the young woman is helped to access local health services to find a method of contraception she is confident to use.

Social care practitioners should also provide information about sources of post abortion support from the local teenage pregnancy strategy service checklist.

Thinking about adoption

If the young person is considering adoption, the social care practitioner should support the young woman to access an adoption adviser through the Council with Social Services Responsibilities (CSSR) or voluntary adoption agency, and provide on-going support as required.

Q.14 What about the father of the child/partner of the young women?

Wherever possible the father of the child/partner of the young woman should be involved but only with the consent of the young woman. The final decision about the outcome of the pregnancy always rests with the young woman. However, supporting the couple in making a joint decision can help to minimise potential discord or recrimination. Involvement of the father/partner is particularly important if the young woman decides to keep the baby. A positive relationship with the mother during the pregnancy is a key predictor of the father's on-going involvement in the early years of the child's life.

THE SEXUAL OFFENCES ACT 2003[3]

Q.15 Under the Sexual Offences Act (2003), can social care practitioners encourage young people under 16 to seek contraception and sexual health advice without being seen to facilitate an illegal act?

Yes. Section 14 (2) and (3) of the Sexual Offences Act makes clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if s/he acts to:

a) Protect the child from sexually transmitted infection;

b) protect the physical safety of the child;

c) prevent the child from becoming pregnant; or

d) promote the child's emotional well-being by the giving of advice

provided this is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity.

This exception covers not only health professionals but anyone who acts to protect a child, including social care practitioners. It applies to supporting young

people under 16.

Under the Sexual Offences Act, young people under 16 still have the right to confidential advice on contraception, condoms, pregnancy and abortion.

Q.16 Under the Sexual Offences Act, aren't young people going to be prosecuted for sexual activity, including kissing?

No. The aim of the Sexual Offences Act is to make it easier to prosecute people who pressure or force others into having sex they don't want. The law is not intended to prosecute mutually agreed sexual activity – including kissing – between two young people of a similar age, regardless of their sexual orientation, provided there is no evidence of abuse or exploitation. The following statement has been written to explain the Sexual Offences Act to young people. It has been developed by young people and agreed by the Home Office.

Sexual Offences Act (2003):

In England and Wales, the law on Sexual Offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual.

The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime.

Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16.

But remember, whatever your age, you shouldn't have sex until you feel ready.

For more information about sex and relationships visit **www.ruthinking.co.uk**

CONFIDENTIALITY

Q.17 Can social care practitioners keep information and requests about sexual health and contraceptive advice confidential?

Yes. Young people in public care have the same entitlement to confidentiality as other young people when discussing sex and relationships issues, including contraception. Research makes it clear that concerns about confidentiality stop young people from seeking sexual health advice[2]. If social care practitioners are going to play an active role in helping young people avoid unplanned pregnancy and STIs, confidentiality must be maintained whenever possible.

Q.18 Are there any exceptions to this?

Yes. Social care practitioners are acting within the Children Act 198916 to safeguard and promote the health and welfare of the young person. They therefore have to use their professional judgement to balance the young person's right to confidentiality with the need to ensure their safety.

If they have reason to think that the young person is being abused or exploited and/or is at risk of suffering significant harm which an intervention may prevent, they should encourage them to allow the relevant information to be passed on.

If they refuse and the social care practitioner believes the involvement of others, including the police, is essential for the young person's best interests, they may disclose information without the young person's consent if absolutely necessary.

Maintaining the right balance between providing confidentiality and safeguarding young people is a complex and sensitive area of work, requiring clear policies for practitioners. These should be developed with the Area Child Protection Committee (or future local Safeguarding Children Boards), their employer and/or the responsible CSSR.

These policies should reflect the need to judge each case individually and include:

- arrangements for initial discussions about worrying disclosures with a senior colleague or designated member of the ACPC or Safeguarding Board without naming the young person concerned;
- a clear protocol for sharing information on a strictly need to know basis, governed by the principle of promoting and safeguarding the young person's health and welfare;
- a requirement to inform the young person about what information will be given, to whom, and for what purpose and where and how it will be recorded

- arrangements for providing the young person with appropriate counselling and support, both during and after any Section 47 enquiry and/or police investigation takes place.

Policies and protocols should follow the Government's inter-agency guidance, *Working Together to Safeguard Children*[5]. Authorities who have Healthy Care Partnerships should include this work within Partnership action plans.

Q.19 Working Together states that any criminal activity should be reported to the police. Does this mean that all disclosures of under age sexual activity should be passed on to the police?

Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

However, the younger the person, the greater the concern about abuse or exploitation. It is therefore expected that local policies and protocols will reflect the need for social care practitioners to use their discretion in weighing up the circumstances of each individual case to determine whether a formal notification to the police is necessary. Policies which require automatic formal notification to the police may stop young people confiding in social care practitioners, including those most at risk of abuse.

It is important to recognise that the police may hold information about individuals who pose a danger to young people, which is not necessarily known to other agencies. Policies and protocols should therefore include arrangements for informal, anonymous discussion with the police about cases of concern, to inform a decision about making a formal referral.

These principles are reflected in recommendations made by Sir Michael Bichard in the report of his Inquiry, published in June 2004[20]. This includes a recommendation (13) that national guidance is produced to inform the decision as to whether or not to notify the police. This will be included in guidance under the Children Bill, to be published by April 2006, which will also incorporate revisions to *Working Together to Safeguard Children*. During the preparation of this guidance, stakeholders will be consulted both formally and informally. This process is likely to start in autumn 2004.

Policies and protocols to safeguard young people should be developed across agencies and implemented through multi-disciplinary as well as single discipline training.

Examples of local CSSR policies/protocols and training programmes which reflect these principles can be found on **www.teenagepregnancyunit.gov.uk**

Q.20 Do social care practitioners have to record information about supporting young people to access contraception or sexual health services?

Looked after children are entitled to confidentiality in relation to personal health details. It is good practice to record information that is relevant to the young person with regards to health and wellbeing but this should be shared on a strictly need to know basis. For some social care practitioners such as social workers, there will be formal legal and local guidance about the recording of information about children and young people for whom the agency is responsible. This guidance must be adhered to. The National Minimum Standards for Fostering Services (Care Standards Act 2000)[21] require that foster carers use their judgement to assess what information they keep and what should be passed on to the fostering service. Foster carers will need to refer to local policy and work within those guidelines. Some local authorities have encouraged young people to keep their own health record – a number of such 'passports' or health faxes are in use. The foster carer and young person can agree what should be recorded if appropriate, but the young person remains the owner of the information.

SUPPORTING PARENTS

Q.21 How can social care practitioners work to support parents/carers in addressing sex and relationships issues with their children /children in their care?

Research suggests that young people who grow up in families where sex and relationships are discussed openly and without embarrassment, delay first sex and are more likely to use contraception when they become sexually active. Young people cite parents as their preferred source of support about sex and relationships, but around half say they have received little or no information while parents report being deterred by embarrassment and lack of knowledge. These communication problems are likely to be further exacerbated if the relationship between them is already causing problems.

Social care practitioners in contact with parents should discuss with them the benefits of talking to their children about sex and relationships. If they feel that the teenager is sexually active or about to become so, parents should be encouraged to inform the young person of local confidential services to help ensure the early uptake of contraceptive and sexual health advice.

The parents of a looked after child or young person may express wishes about the sex and relationships or contraceptive advice they want provided. Whilst every effort should be made to respect these wishes, the overriding principle for the social care practitioner is to safeguard the health and welfare of the young people in their care.

For example, if a young person discloses that they have had unprotected sex, the parents' views should not be a barrier to immediate referral to a health professional for a discussion about emergency contraception. Consent to any treatment rests with the young person, provided the health professional considers them competent to understand the advice and treatment.

Q.22 Are there other sources of support for parents/carers?

Supporting parents/carers in talking to their children/children in their care about sex and relationships is an important aspect of the Teenage Pregnancy Strategy[2]. Nationally, the voluntary organisation Parentline Plus runs the *Time to Talk* media initiative, encouraging open discussion, backed by a free helpline and website to which social care practitioners can refer parents/carers who want further advice. Locally, all teenage pregnancy strategies are developing ways of supporting parents/carers, through schools, community groups and voluntary organisations.

Social care practitioners are advised to contact the local teenage pregnancy coordinator for information about relevant services, sex and relationships programmes or materials for parents/carers.

Q.23 How can social care practitioners work with the local community to support young people on these issues?

Parental availability and the provision of youth focused activities can both play a role in helping young people avoid unwanted sex and resist peer pressure before they are ready to make their own informed choice. Where appropriate, social care practitioners should contribute to local regeneration planning to help develop projects where adult role models and youth development programmes can increase the community support for young people. Sexual health and the prevention of unplanned pregnancies should be viewed within the context of wider healthy care issues.

SECTION TWO

The role of health professionals in providing contraception and sexual health advice and treatment

For the purpose of this guidance the term 'health professional' refers to doctors, pharmacists and nurses, including looked after children nurses, contraceptive/sexual health nurses, practice nurses, health visitors and midwives.

Sources of contraception and sexual health advice

Q.1 Where can young people access free contraceptive advice and treatment?

Young people, including under 16s, can get free contraceptive advice and treatment from the following services. All these services are open to young women and young men, but some may have separate sessions specifically aimed at boys and young men.

- NHS contraceptive/family planning clinics;
- Brook and other young people's contraceptive/sexual health centres;
- Their own GP, although most GPs do not supply condoms;
- Another GP by registering as a temporary resident;
- Some NHS Walk in Centres;
- Some Young People's Information/'One Stop' Shops/Connexions Centres;
- Some genito-urinary medicine (GUM)/sexually transmitted infection clinics;
- Some pharmacists providing free emergency contraception under NHS arrangements, using Patient Group Directions; and
- Young people aged 16 or over can also buy emergency contraception direct from pharmacists.

Q.2 Where can teenagers get advice or treatment for sexually transmitted infections (STIs)?

Young people should receive information and advice about sexually transmitted infections from the contraceptive services listed in Q.1. Some may offer a limited infection diagnosis and treatment service, but most will refer young people to a GUM clinic, usually based in the nearest large hospital.

GUM services should be included in the local teenage pregnancy strategy's service checklist. Details of clinics are also available from the following websites:

www.ruthinking.co.uk
www.playingsafely.co.uk

The provision of contraception and sexual health advice to under 16s

Q.3 Can health professionals give contraceptive advice and treatment, to young people under 16 without parental consent?

Health professionals should always discuss the benefits of the young person informing their parents, carers, social worker or another trusted adult, but the health professional can provide contraception, sexual and reproductive health advice and treatment for under 16s if they are satisfied that:

- the young person understands the advice provided and its implications; and
- the young person's physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.

When providing contraceptive/sexual health advice or treatment, health professionals should help the young person make an informed choice by discussing the following issues:

- the emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections;
- whether the relationship is consensual in nature and whether there may be coercion or abuse;
- the benefits of informing their GP and the case for discussion with a parent or carer. Any refusal should be respected; and
- any additional counselling or support needs the young person may have.

Additionally, it is considered good practice for doctors and other health professionals to follow the criteria outlined by Lords Fraser in 1985, in the House of Lords' ruling in the case of Victoria Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security. These are commonly known as the Fraser Guidelines:

- the young person understands the health professional's advice;
- the health professional cannot persuade the young person to inform his or her; parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice;
- the young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer;
- the young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent.

Q.4 Can young people under 16 buy condoms?

Yes. The law does not prevent under 16s from buying condoms from pharmacists, shops or vending machines. Nor does it restrict the seller.

Confidentiality and contraception and sexual health advice to under 16s

Q.5 Do young people under 16 have the same right to confidentiality as older people?

Yes. Health professionals have the same duty of confidentiality to under 16s as they owe to older patients. This is enshrined in their professional codes. The exception to this duty of confidentiality is outlined in Q.7 below.

Q.6 If the young person is not considered competent to consent to treatment, should the consultation remain confidential?

Yes, except in the situations outlined in Q.7 below.

Q.7 Are there any situations when health professionals may break confidentiality?

Yes. The duty of confidentiality is not absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person or others, which is so serious as to outweigh the young person's right to privacy, they should follow locally agreed child protection protocols, as outlined in *Working Together to Safeguard Children*[5].

In these circumstances, the overriding objective must be to safeguard the young person. If considering any disclosure of information to other agencies, including the police, health professionals should weigh up against the young person's right to privacy:

- the degree of current or likely harm;
- what any such disclosure is intended to achieve; and
- what the potential benefits are to the young person's well being.

Any disclosure should be justifiable according to the particular facts of the case and legal advice could be sought in cases of doubt.

In the most exceptional of circumstances, disclosure should only take place after consulting the young person and offering to support a voluntary disclosure.

Q.8 Do all GPs provide confidential contraceptive advice to under 16s?

No. A minority of GPs will not see a young person under 16 unless a parent/carer is present. However, the personal beliefs of a practitioner should not prejudice the care offered to a young person.

Any health professional who is not prepared to offer a confidential contraceptive service to young people must make alternative arrangements for them to be seen, as a matter of urgency, by another professional.

If there is any doubt about the confidentiality of the service, a young person can ask, or should be supported in asking whether the consultation is confidential before seeing the doctor.

Q.9 What happens if a young person is subject to a care order?

Young people subject to care orders have the same right to confidentiality and treatment from health professionals as other young people. This means that they can ask for and access contraceptive advice from health professionals with the same degree of assurance about confidentiality as a young person who is not subject to a care order.

If a health professional does not consider the young person competent to consent to the treatment proposed, either the CSSR or the person with parental responsibility could give consent to medical treatment, including contraception.

Section 33 (3)(b) of the Children Act 1989 gives parental responsibility to CSSRs for any young person in respect of whom it has a care order. In relation to such a young person, the CSSR could decide to agree to medical treatment, including contraception, without the consent of the parent. In these circumstances, they would normally inform the parents of the decision, unless to do so would not be in the young person's best interests.

SEXUAL OFFENCES ACT 2003[3]

Q.10 Does the Sexual Offences Act allow health professionals to continue to provide confidential contraceptive and sexual health advice and treatment without being seen to facilitate an offence?

Yes. The Sexual Offences Act (2003) does not affect the ability of health professionals and others working with young people to provide confidential contraceptive and sexual health advice and treatment to under 16s.

Section 14 (2) and (3) of the Sexual Offences Act makes clear that a person does not commit the offence of arranging or facilitating commission of a child sex offence if s/he acts to:

a) protect the child from sexually transmitted infection,

b) protect the physical safety of the child,

c) prevent the child from becoming pregnant, or

d) promote the child's emotional well-being by the giving of advice

provided it is not done for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the sexual activity.

This exception covers not only health professionals but anyone who acts to protect a child, including parents, social care practitioners, teachers, youth workers and Connexions Personal Advisers

Pregnancy testing, advice and referral for abortion

Q.11 Where can young women get a free pregnancy test?

Free pregnancy tests with immediate results are available from NHS family planning/contraceptive clinics, Brook Centres and young people's centres. Some NHS Walk in Centres and GUM clinics also provide free tests with immediate results. Pregnancy tests at GPs are usually free but not always available and may involve a wait for the result. Home tests bought from pharmacists are reliable but may not be affordable for many young people.

Q.12 Where can young women get information and advice on pregnancy options?

Unbiased information and advice on the options of continuing the pregnancy, abortion and adoption should be available at all the sources of free pregnancy testing, listed in Q.1 of section 2. It is important that young people are referred to pregnancy testing services which provide non-judgmental information. Some organisations provide free pregnancy testing but are opposed to abortion. The local teenage pregnancy strategy service checklist should make clear the nature of the service provided by the organisation.

Whatever choice the young woman makes, she should be referred speedily to antenatal care or NHS funded abortion.

Q.13 Can a GP refuse to refer a young woman for abortion?

GPs with a conscientious objection to abortion are contractually obliged to refer on to other services. The practice should make this clear to patients but social care practitioners should check that young people accessing GPs receive the support they need.

Other services offering unbiased counselling may be available in some areas. Availability of and referral to NHS funded abortion services varies between areas. The local teenage pregnancy strategy service checklist should provide details of local service provision.

Q.14 Can a young woman under 16 have an abortion without parental consent?

Yes. Provided the health professional is satisfied that the young woman understands the advice provided and its implications and that the abortion is in her best interests. However, in practice this is unusual and would only be done in exceptional circumstances when it is considered to be in the young person's best interests. Health professionals should discuss the benefits of informing her birth parents/carers. If the young person does not wish to inform her birth parents/carers every effort should be made to help them find another adult to provide support, for example another family member or specialist youth worker.

SECTION THREE

Checklist of actions

This section identifies a series of action points for Social Services. Overarching responsibility for the implementation of this guidance lies with the Assistant Director of Social Services (ADSS). However, all social care practitioners and partner agencies are encouraged to play a role in implementing the principles of this guidance.

Actions for the Assistant Director of Social Services

- Ensure that a senior manager within children's social services is identified to oversee the development, implementation, monitoring and reviewing of policies and programmes in line with their responsibility for the health of looked after children. This is in line with arrangements made under item 5.12 of the 'Promoting the Health of Looked After Children' Guidance[15];
- Engage elected members who will support the policy work in committee; and
- Ensure sexual health issues are placed within the broader remit of sex and relationships programmes.

Actions for the designated Senior Manager

- Identify any existing policies/protocols on sex and relationships, sexual health and/or contraception provision in your agency and others e.g. Youth Services, Connexions;
- Review and develop policies/ protocols to reflect this guidance, and where possible involve partner agencies and strategic planners;
- Ensure local policies provide clear protocols for visits to clinics accompanied by staff, which are backed by management and local authority legal advisers;

- Identify how young people can be involved in the review and development of accessible local contraceptive, sexual health and pregnancy support services;
- Identify how the policy can be made accessible for young people for example in a young person's leaflet;
- Identify training needs to support all social care practitioners in supporting young people to access contraceptive and sexual health services;
- Provide and promote on-going training programme to address the needs of all social care practitioners. The Teenage Pregnancy Unit has worked with **fpa** and NCB to develop a training resource for experienced trainers who will train social care practitioners ('Let's Make it Happen – Training the Trainers');
- Ensure that the needs of young people who come into contact with social services are addressed in the local teenage pregnancy strategy, and the role of social care and partner agencies are identified to meet these needs;
- Contact the local Teenage Pregnancy Co-ordinator to:
  - identify the social services representative on the Teenage Pregnancy Partnership Board;
  - find out details of local services and to obtain leaflets, posters and any other relevant publicity materials; and
  - ensure progress on the implementation of the guidance is fedback via the Local Teenage Pregnancy Annual reports.

Areas for consideration by senior manager

- How have you disseminated/will you disseminate this guidance?
- How will you gain support from elected members to carry through the work?
- How will you address legal issues and brief your local authority legal department?
- What media strategy is in place for proactive and reactive work?
- How have you monitored implementation/will you monitor implementation of the guidance?
- How have you developed/will you develop your own policies and procedures to reflect the best practice that is exemplified in this guidance?
- How have you ensured /will you ensure that multi agency professionals working with looked after young people have access to ongoing training, support and supervision?

- How have you ensured/will you ensure the active participation of key stakeholders in implementing this guidance?
- How have you ensured/will you ensure effective partnership working to provide truly accessible services for looked after young people?
- What has worked well with the implementation of this and other TPU Guidance so far?
- What challenges has this and other TPU Guidance posed in your locality?
- In what ways have you addressed these challenges?
- What further support and resource needs have you identified through implementing this and the other TPU guidance?
- Does your local authority have a Healthy Care Partnership to enable policy and practice development?
- How can foster carers be better supported by social care practitioners they work with?

Examples of Good Practice are available from the Teenage Pregnancy Unit Website – www.teenagepregnancyunit.gov.uk

Annex A

Every Child Matters, Next Steps[14] and the Children Bill

An overarching strategy for children has already been clearly articulated by the Government in the Green Paper, 'Every Child Matters', published in September 2003 and more recently, in the follow-up document 'Next Steps'. The Children Bill proposes the legislative provision required to achieve this. At the centre of the Government's vision for children and young people are five key outcomes:

- being healthy;
- staying safe;
- enjoying and achieving;
- making a positive contribution;
- economic well being.

The Children Bill sets out the framework for statutory and voluntary services to meet these five outcomes, through joint planning, commissioning and integrated service delivery.

Healthy Care Programme

The Healthy Care Programme, funded by DfES is a practical means of improving the health of looked after children and young people through partnership working and participation by looked after children and their carers. The programme aims to enable looked after children to experience a caring, supportive and sustainable relationship with a carer. This includes living in an environment and wider community which promotes health and well being through accessible health assessment; treatment and care; to be equipped with emotional and social life skills; and maintain their own health and well being now and in the future as an adult.

Promoting the Health of Looked After Children Guidance[15]

Guidance for improving the health of looked after children was issued by the Department of Health in November 2002. It provides a set of underpinning principles on which services should be based and outlines key roles and responsibilities of relevant agencies. These principles are reflected in this framework. It emphasises both the importance of strategic planning and interagency partnerships as well as the overarching responsibility to provide effective corporate parenting and accessible services. Guidance about SRE, in the context of promoting health and wellbeing and improving health outcomes for looked after children, is also included in this DH Guidance.

The Children Act 1989[16]

The duty of Councils with Social Services Responsibilities (CSSR) to safeguard and promote the health of children and young people is enshrined in the Children Act 1989. The provision of SRE is part of that duty.

Local Government Act 1988[17]

Section 28 of the Local Government Act 1988, was repealed in 2003, thereby overturning the ban on the promotion of homosexuality by local authorities.

The European Convention on Human Rights

The Convention has now been incorporated into all forms of UK law through the Human Rights Act 1998.

The Convention protects a series of fundamental rights, including: the right to life; freedom from torture; inhuman and degrading treatment; the right to liberty and to a fair trial; a right to privacy; freedom of conscience; freedom of expression; the right to marriage and family and freedom from discrimination.

United Nations Convention on the Rights of the Child

The rights of children and young people in the context of the United Nations Convention are reflected in the Children Act 1989 and the European Convention of Human Rights. This guidance reflects the principles contained within the United Nations Convention on the Rights of the Child ratified by the UK Government in 1991. By ratifying this instrument, national governments have committed themselves to protecting and ensuring children's rights. Governments have also agreed to hold themselves accountable for this commitment before the international community.

- Children's rights include the right to life, health, education, participation, and protection from all forms of violence, abuse, neglect and exploitation. All children's rights are equally important and reinforce each other.
- Children are equally entitled to human rights, but are also a special case because they cannot always fend for themselves, so they need certain specific rights that take account of their vulnerability.

A summary of some of the most relevant articles are given below:

Article 2 – Children and young people have the right not to be discriminated against in any way.

Article 3 – Children and young people have the right to have the best decision made for them with their interest being the primary consideration.

Article 12 – Children and young people have the right to express their views freely and to be listened to.

Article 16 – Children and young people have the right to a private life.

Article 17 – Children and young people have the right to access information and materials from a diversity of national and international media sources aimed at promoting well-being.

Article 24 – Children and young people have the right to the highest attainable standards of health and access to such health care services. To ensure this right, appropriate measures should be taken to develop preventative health care, guidance for parents and family planning education and services.

Annex B

Social Care Practitioners Working Group

Members

Sandra Brassington – Principal Officer, Strategy and Service Development, Staffordshire County Council Social Services Department

Jackie Bush – Foster Carer, North Somerset

Helen Chambers – Principal Officer, National Children's Bureau

Tony Davis – Detective Inspector, Gloucestershire Police Constabulary

Stephen Deutz – Lawyer, Legal Directorate: Children's Services, DfES

Ena Fry – Development Worker, Fostering Network

Helen Jones – Professional Advisor, Looked after Children Division, DfES

Jeanie Lynch – Independent Consultant, SRE and sexual health

Suzy Mackie – **fpa** Training Manager, **fpa** (formerly the Family Planning Association)

Hansa Patel-Kanwal OBE – member of the Independent Advisory Group on Teenage Pregnancy & Independent Consultant, Kanwal Consulting Ltd

Grainne Sinclair – Project Co-ordinator, Development, The Who Cares? Trust

TPU Members

Alison Hadley – Programme Manager, Teenage Pregnancy Unit, DfES

Michelle Warne – Policy Lead on vulnerable groups, Teenage Pregnancy Unit, DfES

Annex C

Useful organisations

Teenage Pregnancy Unit
Department for Education and Skills
Caxton House
6-12 Tothill Street
London. SW1H 9NA
020 7273 4839
www.teenagepregnancyunit.gov.uk
E-mail: Teenage.Pregnancy@dfes.gsi.gov.uk or through the website:
Contact details of Local Teenage Pregnancy Co-ordinators are available from the Teenage Pregnancy Unit at the above address.

Sex Education Forum
8 Wakley Street
London EC1V 7QE
Tel: 020 7843 6052
www.ncb.org.uk/sexed.htm
Provides publications and resources, as well as an information helpline for professionals involved in sex and relationship education.

fpa
2-12 Pentonville Road
London N1 9FP
Tel: 020 7837 5432
www.fpa.org.uk
fpa runs an information service, including a national telephone helpline (0845 310 1334), provides training & consultancy services and runs community-based projects. **fpa** produces publications and leaflets for the public and professionals, including a range of leaflets for young people.

Brook
421 Highgate Studios
53-57 Highgate Road
London NW5 1TL
Tel: 020 7284 6040
www.brook.org.uk
Provides a free helpline for young people and resources for young people and professionals.

Fostering Network
87 Blackfriars Road
London SE1 8HA
Tel: 020 7620 6400

Who Cares Trust
Kemp House
152-160 City Road
London EC1V 2NP
Tel: 020 7251 3117
Linkline: Freecall 0500 564570 – mon, wed, thurs 3.30pm – 6.00pm. The Who Cares? Trust works to improve the day to day lives of children and young people in and preparing them to leave public care.

British Agencies for Adoption and Fostering
Skyline House
200 Union Street
London SE1 0LX
Tel: 020 7593 2000

Banardo's
Head Office
Tanners Lane
Barkingside
Ilford
Essex, IG6 1QG
Tel: 020 8550 8822

Annex D

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